DS-4511-C Rev. 6/02

AUTHORITY: Section 102, Act 94, P.A. 1979, as amended. COMPLETION: REQUIRED.

(Failure to file will result in withholding of state aid funds.)

Michigan Department of Education OFFICE OF STATE AID AND SCHOOL FINANCE P.O. Box 30106, Lansing, Michigan 48909

Direct questions regarding this form to Glenda Rader at (517) 335-0524.

SCHOOL DISTRICT PLAN FOR ELIMINATING A DEFICIT BUDGET

	Legal Name of School District	District Code Number	Telephone (Area Code)
EDUCATIONAL			
AGENCY	Address	City	Zip Code

MAILING INSTRUCTIONS: Return ONE copy within 30 days of receipt to the State address indicated above.

A. FINANCIAL DATA

	TITLE		Actual 2001-2002	Estimated 2002-2003	Estimated 2003-2004
			(1)	(2)	(3)
1.		BEGINNING FUND EQUITY (See B.)			
2.	(1XX)	ADD: Revenues Local Sources			
3.	(3XX)	State Sources			
4.	(4XX)	Federal Sources			
5.	(5XX)	Incoming Transfers & Other Transactions			
6.		TOTAL REVENUES, INCOMING TRANSFERS AND OTHER TRANSACTIONS			
7.		TOTAL RESOURCES AVAILABLE			
8.	(1XX)	LESS: Expenditure Instruction Expense (including Fringe Benefits)			
9.	(21X)	Support Services: Pupil			
10.	(22X)	Instructional Staff			
11.	(23X)	General Administration			
12.	(24X)	School Administration			
13.	(25X)	Business			
14.	(26X)	Operations and Maintenance			
15.	(27X)	Transportation			
16.	(28X)	Central			
17.	(29X)	Other			
18.	(3XX)	Community Services			
19.	(4XX)	Outgoing Transfers and Other Transactions			
20.		TOTAL EXPENDITURES, OUTGOING TRANSFERS AND OTHER TRANSACTIONS			
21.		ENDING FUND BALANCE:			

B. FUND BALANCE

	Year Ending June 30:	AMOUNT
22.	2000	
23.	2001	
24.	2002	

Please list your State School Aid Membership **projection** as defined by State School Aid Act Section 6 (4):

YEAR:	2002-2003	2003-2004	2004-2005
ENROLLMENT:			

C. S.E.V. AND MILLAGE DATA

	2002-2003	2003-2004
Homestead S.E.V.		
Non-Homestead S.E.V.		

MILLAGE ELECTION HISTORY	Date of Election	Proposal/Mills	Result of Vote
Non Homestead Property			YES
			NO
			YES
			NO
"Enhancement" (up to 3 mills)			YES
			NO
			YES
			NO
"Hold Harmless"			YES
			NO
			YES
			NO

D. SALARIES AND UNEMPLOYMENT BENEFITS

1. Estimated Gross Savings as a Result of Staff Reductions:

	STAFF REDUCTIONS		AMOUNT OF SAVINGS	ADDITIONAL SAVINGS
TITLE	2002-2003	2003-2004	2002-2003	2003-2004
	(1)	(2)	(3)	(4)
1. Instructional			\$	\$
2. Support Services				
3. Community Services				
4. TOTAL			\$	\$

2. Estimated Cost of Unemployment Benefits as a Result of Staff Reductions:

TOTAL	\$	\$
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E. NEGOTIATIONS DATA

1. Ha	ve negotiations been completed for:		
	YES NO		
	2002-2003?		
	2003-2004?		
2. If e	either year is checked "NO", indicate what agreements will be under r	negotiation.	
3. Are	e projected costs of settlement included in the financial plan on page		NO
		<u>YES</u>	NO
		2002-2003? 2003-2004?	
	F. EXTRA-CURRICULA		
	List expected savings to be achieved by eliminating specific extra-cu criteria for eliminating activities.)	rricular activities. (There are	e no state prescribed
		AMOUNT O	F SAVINGS
	ACTIVITY	2002-2003	2003-2004
_	G. OTHER REQUI	RED DATA	
	Please answer the following questions on a separate sheet of p		
	What factors caused the school district's deficit?	•	
	2. What is the school district's plan to eliminate the deficit?	osing to discontinue or curta	il?
	2. What is the school district's plan to eliminate the deficit?3. What subjects or instructional programs is the district property.	osing to discontinue or curta	il?
	2. What is the school district's plan to eliminate the deficit?3. What subjects or instructional programs is the district property.4. What support services would be reduced or eliminated?		il?
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Date	 What is the school district's plan to eliminate the deficit? What subjects or instructional programs is the district property. What support services would be reduced or eliminated? What specific steps have been initiated to carry out the plan. Give the detail of staff reductions of professional and nonpreservices and community services. 	n? rofessional separately for ins the school district's plan to e	truction, support

Telephone Number _

(AREA CODE/LOCAL NO.)

Contact Person _

(TYPE NAME)